

**Retiree Membership
Application F-1Ret**

KTRS Retiree Returning to a KTRS
Covered Position

2005-2006



KTRS

**Kentucky Teacher's
Retirement System**

479 Versailles Road
Frankfort, KY 40601
502/848-8500

PART I

KTRS Retiree Information - READ ACCOMPANYING INSTRUCTIONS BEFORE COMPLETING

KTRS Retiree Returning to a KTRS Covered Position (**Do Not Use For Waivers**, use Form 29)

Name _____ Social Security Number _____
First Middle Last

Marital Status: ☐ Single ☐ Married Member's Birth Date ____/____/____ Sex: ☐ F ☐ M
Month Day Year

Spouse's Name _____ Spouse's Date of Birth _____

Member's Mailing Address _____
Street or Box Number

City and State _____ Zip _____

Home Phone: (____) _____ Work Phone (____) _____

**Be sure all applicable blanks are filled in – This form may be duplicated.
KTRS' copy must have original signature.**

PART II

Beneficiary Designation

In the event of my death, I direct the Board of Trustees of the Teachers' Retirement System of the State of Kentucky to pay the proceeds of my account to the person or persons named below. If you are married, your spouse must sign below. (**Please do not leave this section blank. If no beneficiary, write "Estate" or "None"**)

I understand that this designation DOES NOT change the beneficiary designation of any other account from which I am receiving KTRS benefits. _____ (**Please Initial**)

1. _____
Name of Primary or Co-Beneficiary Relation Address

Beneficiary's Social Security Number City State Zip

2. ☐ **Co-beneficiary** OR ☐ **Contingent Beneficiary** **MUST CHECK ONE & ONLY ONE BOX**

Name of Co or Contingent Beneficiary Relation Address

Beneficiary's Social Security Number City State Zip

As spouse of this membership applicant, I acknowledge that I am aware of the above Beneficiary Designation as well as any available benefits that I am or am not entitled to receive at the time of the applicant's death.

Signature of Spouse (MUST SIGN If MARRIED)

Continued on reverse side...

PART III**Return to Work Election**

I am returning to work in the following Program: **Must Choose One**, (*Full-time must be KTRS approved*)

☐ **Part-time** Program for subs
Break in Service & Daily
Wage Threshold required
Less than 0.70 of contract
days in fiscal yr.
SEE INSTRUCTIONS.

☐ **3% group**
Full-time Program
Break in Service & Daily
Wage Threshold required
0.70 or more of contract
days in fiscal yr.
SEE INSTRUCTIONS.

☐ **1% group Critical Shortage**
Full-time/Part-time Programs
Break in Service required
Daily Wage Threshold waived
Cost to the employer of 7.31%

☐ **LIMITED** 100 day Program
to **members retired**
by **July 1, 2002**, who have
never worked in a Part-time
or Full-time program
Sunsets June 30, 2007
PHASING OUT

From which school district/agency did you retire? _____

NOTE: The only mid-year change permitted is to move into a Waiver position. Use Form 29 for Waiver. No other changes will be allowed mid-year.

You are responsible for meeting your Break in Service and staying within your Daily Wage Threshold if you are working in the Part-time or Full-time Programs. Call KTRS if you have questions.

PART IV**Member's Affidavit**

I swear or affirm that the statements I have made on this form are true, correct, and complete to the best of my knowledge and that the beneficiary designation is to remain in force until changed by me or changed by marriage or divorce as required in KRS 161.480.

Signature of Member _____

Member's signature must be witnessed by an individual that has personal knowledge of the Member but is not related to the Member by blood or marriage.

Signature of Witness _____ Date _____

This form is not acceptable if it is incomplete.

Part V**Employer Information and Certification MUST BE COMPLETED BEFORE SENDING to KTRS**

I certify that the applicant herein named in this application is employed in a Kentucky Teachers' Retirement System covered position, as specified in KRS 161, **in the Program indicated above by the employee**, in the following way:

☐ **Contractual**

☐ **Non-contractual**

☐ ***This Full-time/Part-time retired employee is to be included in the 1% that is exempt from a Daily Wage Threshold and as the employer, we will remit the additional 7.31% to KTRS on Form R-1.***

If employee is eligible for your State Health Insurance, this Health Insurance will be effective _____ 1st, 20____

Title or Position: _____

Employment began / worked on (date) _____

Days in Full-time Contract (185 or more) _____

Daily Rate of Pay _____

District/Agency _____

Signature of System/ Agency designee, **also print your name**

Designee Phone Number _____

Date of Signature _____

...For KTRS use Only...

☐ Part -time/Substitute ☐ Full-time ☐ 100-day/substitute position
Break in service from last day of pre-retirement service ☐ N/A ☐ Met ☐ Not Met
Daily Wage Threshold: \$ _____ Retirement Date _____

DWT

INSTRUCTIONS for 2005-2006 only this form will be accepted

For Completing the

RETIREE MEMBERSHIP APPLICATION
KTRS Retiree Returning to a KTRS Covered Position

*It is important that you carefully read the instructions before completion of this form.
(For questions concerning this form, please call KTRS.)*

PART I

RETIREE INFORMATION: Use your full name, not initials. The name provided should be the same as the name used by your employer. Dates of birth should be numerically listed (August 10, 1975 should be 08/10/1975). Address should be a permanent address. Any **future change** of name or address must be in **writing** to KTRS.

PART II

BENEFICIARY DESIGNATION: For more than one beneficiary indicate Co-beneficiary or Contingent beneficiary. Check to assure accuracy of social security numbers. Your application must be received by KTRS before any beneficiary designation is in effect.

PART III

RETURN TO WORK ELECTION: Please answer questions as indicated.

Substitutes

Can be in the Part-time Program or, if eligible, the 100
Day Program

100-Day (Or less) Program (Sunsets 6/30/2007)

Limited to members retired by July 1, 2002, who have
never worked in the Part-time or Full-time programs.

***THE NUMBER OF DAYS THAT MAY BE WORKED IN PART-TIME OR SUBSTITUTE POSITIONS WILL BE PRO RATED
DURING THE INITIAL YEAR OF RETIREMENT FOR PERSONS RETIRING AFTER JULY 1 OF ANY YEAR.***

PART IV

MEMBER'S AFFIDAVIT: The member and witness signatures on the form are required before the account is established. After completion of Parts I through IV, **return this form to your employer for completion.**

PART V

TO BE COMPLETED BY EMPLOYER

EMPLOYER INFORMATION & VERIFICATION: Mail the application to KTRS within ten (10) days of the **member's first service** covered by this application. **Do not mail an application until you are sure there will be contributions to KTRS.** (Any questions, please call KTRS.)

Contractual

You have hired the retiree for a certain number of
days or hours in the school year.

NON-CONTRACTUAL

You have hired the retiree to come when called to
perform a job.